



November 16, 2015

South Coast Air Quality Management District
21865 Copley Drive
P.O. Box 4944
Diamond Bar, CA 91765-0944

Attn: Mr. Jackson Yoong

Re: Sterigenics' Ontario Facility (ID #: 126060)
Addition of Chamber B, Aeration Room 2, and Catalytic Oxidizer 2

Dear Mr. Yoong,

Per our recent phone conversation, enclosed is an application to construct and operate a new chamber B, a second Aeration Room and a second Catalytic Oxidizer at our Ontario facility at 687 S. Wanamaker Avenue. Currently the facility is allowed to use 657 tons per year of Ethylene Oxide for product sterilization. We are requesting this usage for the facility remains the same and therefore, the allowable emissions currently permitted will not be affected by this permit application.

The new Chamber B will be vented to the existing control devices. The emissions during the Ethylene Oxide purge cycle will be vented to the existing Ceilcote Scrubber. This will require the existing permit for the Ceilcote Scrubber to be modified to allow venting of nine sterilization chambers. In addition, the backvent will be directed to the existing aeration room. This will not require the aeration room permit to be modified, however, this will require the existing Catalytic Oxidizer permit to construct (application number 555347 to allow venting of nine sterilization chambers).

The new aeration room is currently a product staging area adjacent to the existing aeration room. Emissions from this aeration room will be vented to a new Catalytic Oxidizer with a low NOx burner. In addition, other production areas will be vented to the new catalytic Oxidizer to improve the ventilation in production areas.

The equipment will be subject to the 40 CFR Subpart O (Ethylene Oxide NESHAP) and the AQMD Rule 1405. In addition, the Catalytic Oxidizer will be subject to the AQMD Rule 1147 (NOx Reduction from Miscellaneous Sources).

See attached list of forms and attachments. In addition, we are requesting to expedite this permit application and have included the forms and fees associated with this request. A check for \$26,555.27 is enclosed based on an estimate of the fee using the online permit fee calculator.



Please contact me at 630/928-1724 if you have questions or should need further information.

Sincerely,

Laura Hartman
EH&S Manager

Encl:

Cc: Mike Kolesar

Index of Enclosures

Forms 400-A	New Chamber B
Form 400-A	Existing Catalytic Oxidizer
Form 400-A	Existing Scrubber
Form 400-A	New Catalytic Oxidizer
Form 400-A	New Aeration Room
Form 400-CEQA	
Form 400-XPP	Expedited Permit Processing Form
Form 400-E-8	New Chamber B
Form 400-E-2a	Existing Catalytic Oxidizer Permit Modification
Form 400-E-3	Existing Scrubber Permit Modification
Form 400-E-2a	New Catalytic Oxidizer
Form 400-E-GI	New Aeration Room
Form 400-PS	New Stack for New Catalytic Oxidizer
Attachment 1	Overall Plant Background
Attachment 2	Process Flow Diagram for Ontario
Existing Permit to Construct	Application Number 555347
Existing Permit to Operate	Permit Number F98585



South Coast Air Quality Management District

Form 400-A**Application Form for Permit or Plan Approval**

List only one piece of equipment or process per form.

South Coast
AQMDMail To:
SCAQMD
P.O. Box 4944
Diamond Bar, CA 91765-0944Tel: (909) 396-3385
www.aqmd.gov**Section A - Operator Information**

1. Facility Name (Business Name of Operator to Appear on the Permit):

STERIGENICS US, LLC

2. Valid AQMD Facility ID (Available On
Permit Or Invoice Issued By AQMD):

126060

3. Owner's Business Name (If different from Business Name of Operator):

Section B - Equipment Location Address4. Equipment Location Is: ☒ Fixed Location ☐ Various Location
(For equipment operated at various locations, provide address of initial site.)

687 S. Wanamaker Ave

Street Address

Ontario, CA 91761

City Zip

Michael Kolesar General Manager

Contact Name Title

(909) 390-2113

Phone #

Ext.

Fax #

E-Mail: MKolesar@sterigenics.com

Section C - Permit Mailing Address

5. Permit and Correspondence Information:

☐ Check here if same as equipment location address

2015 Spring Road, Suite 650

Address

Oak Brook, IL 60523

City State Zip

Laura Hartman EHS Manager

Contact Name Title

(630) 928-1724

Phone #

(630) 928-1701

Fax #

E-Mail: LHartman@sterigenics.com

Section D - Application Type6. The Facility Is: ☒ Not In RECLAIM or Title V ☐ In RECLAIM ☐ In Title V ☐ In RECLAIM & Title V Programs

7. Reason for Submitting Application (Select only ONE):

7a. New Equipment or Process Application:

- ☒ New Construction (Permit to Construct)
☐ Equipment On-Site But Not Constructed or Operational
☐ Equipment Operating Without A Permit *
☐ Compliance Plan
☐ Registration/Certification
☐ Streamlined Standard Permit

7b. Facility Permits:

- ☐ Title V Application or Amendment (Refer to Title V Matrix)
☐ RECLAIM Facility Permit Amendment

7c. Equipment or Process with an Existing/Previous Application or Permit:

- ☐ Administrative Change
☐ Alteration/Modification
☐ Alteration/Modification without Prior Approval *
☐ Change of Condition
☐ Change of Condition without Prior Approval *
☐ Change of Location
☐ Change of Location without Prior Approval *
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* A Higher Permit Processing Fee and additional Annual Operating Fees (up to 3 full years) may apply (Rule 301(c)(1)(D)(i)).

**Existing or Previous
Permit/Application**If you checked any of the items in
7c., you MUST provide an existing
Permit or Application Number:

8a. Estimated Start Date of Construction (mm/dd/yyyy):

02/01/2016

8b. Estimated End Date of Construction (mm/dd/yyyy):

07/15/2016

8c. Estimated Start Date of Operation (mm/dd/yyyy):

07/17/2016

9. Description of Equipment or Reason for Compliance Plan (list applicable rule):

Addition of new Sterilization Chamber B

10. For identical equipment, how many additional
applications are being submitted with this application?
(Form 400-A required for each equipment / process)

1

11. Are you a Small Business as per AQMD's Rule 102 definition?

(10 employees or less and total gross receipts are
\$500,000 or less OR a not-for-profit training center)☒ No ☐ Yes12. Has a Notice of Violation (NOV) or a Notice to
Comply (NC) been issued for this equipment?
If Yes, provide NOV/NC#:☒ No ☐ Yes**Section E - Facility Business Information**

13. What type of business is being conducted at this equipment location?

EtO Sterilization of Medical Devices and spices

14. What is your business primary NAICS Code?

(North American Industrial Classification System)

561910

15. Are there other facilities in the SCAQMD
jurisdiction operated by the same operator?☐ No ☒ Yes16. Are there any schools (K-12) within
1000 feet of the facility property line?☒ No ☐ Yes**Section F - Authorization/Signature**

I hereby certify that all information contained herein and information submitted with this application are true and correct.

17. Signature of Responsible Official:

Kathleen Hoffman

18. Title of Responsible Official:

Senior VP of Global EH&S

19. I wish to review the permit prior to issuance.

(This may cause a delay in the
application process.)☐ No
☒ Yes

20. Print Name:

Kathleen Hoffman

21. Date:

16-Nov-2015

22. Do you claim confidentiality of
data? (If Yes, see instructions.)☒ No ☐ Yes

23. Check List:

☐ Authorized Signature/Date☐ Form 400-CEQA☐ Supplemental Form(s) (ie., Form 400-E-xx)☐ Fees Enclosed

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South Coast
AQMDMail To:
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P.O. Box 4944
Diamond Bar, CA 91765-0944Tel: (909) 396-3385
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City Zip

Michael Kolesar General Manager

Contact Name

(909) 390-2113

Phone #

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Fax #

E-Mail: MKolesar@sterigenics.com

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Contact Name

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**Existing or Previous
Permit/Application**If you checked any of the items in
7c., you MUST provide an existing
Permit or Application Number:

555347

8a. Estimated Start Date of Construction (mm/dd/yyyy):

02/01/2016

8b. Estimated End Date of Construction (mm/dd/yyyy):

07/15/2016

8c. Estimated Start Date of Operation (mm/dd/yyyy):

07/17/2016

9. Description of Equipment or Reason for Compliance Plan (list applicable rule):

Modify description (2) of Permit to Construct to say 1 burner rated
at 4.5 Mbut/hr and (3) to exhaust nine backvents.10. For identical equipment, how many additional
applications are being submitted with this application?
(Form 400-A required for each equipment / process)

1

11. Are you a Small Business as per AQMD's Rule 102 definition?

(10 employees or less and total gross receipts are
\$500,000 or less OR a not-for-profit training center)☒ No ☐ Yes12. Has a Notice of Violation (NOV) or a Notice to
Comply (NC) been issued for this equipment?
If Yes, provide NOV/NC#:☒ No ☐ Yes**Section E - Facility Business Information**

13. What type of business is being conducted at this equipment location?

EtO Sterilization of Medical Devices and spices

14. What is your business primary NAICS Code?
(North American Industrial Classification System)

561910

15. Are there other facilities in the SCAQMD
jurisdiction operated by the same operator?☐ No ☒ Yes16. Are there any schools (K-12) within
1000 feet of the facility property line?☒ No ☐ Yes**Section F - Authorization/Signature**

I hereby certify that all information contained herein and information submitted with this application are true and correct.

17. Signature of Responsible Official:

KA Hoffman

18. Title of Responsible Official:

Senior VP of Global EH&S

19. I wish to review the permit prior to issuance.
(This may cause a delay in the
application process.)☐ No
☒ Yes

20. Print Name:

Kathleen Hoffman

21. Date:

16-Nov-2015

22. Do you claim confidentiality of
data? (If Yes, see instructions.)☒ No ☐ Yes23. Check List: ☐ Authorized Signature/Date ☐ Form 400-CEQA ☐ Supplemental Form(s) (ie., Form 400-E-xx) ☐ Fees Enclosed

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AQMDMail To:
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126060

3. Owner's Business Name (If different from Business Name of Operator):

Section B - Equipment Location Address4. Equipment Location Is: ☒ Fixed Location ☐ Various Location
(For equipment operated at various locations, provide address of initial site.)

687 S. Wanamaker Ave

Street Address

Ontario, CA 91761
City ZipMichael Kolesar General Manager
Contact Name Title

(909) 390-2113

Phone # Ext. Fax #

E-Mail: MKolesar@sterigenics.com

Section C - Permit Mailing Address

5. Permit and Correspondence Information:

☐ Check here if same as equipment location address

2015 Spring Road, Suite 650

Address

Oak Brook, IL 60523
City State ZipLaura Hartman EHS Manager
Contact Name Title

(630) 928-1724

Phone # Ext. Fax # (630) 928-1701

E-Mail: LHartman@sterigenics.com

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**Existing or Previous
Permit/Application**If you checked any of the items in
7c., you MUST provide an existing
Permit or Application Number:

F98585

8a. Estimated Start Date of Construction (mm/dd/yyyy):

02/01/2016

8b. Estimated End Date of Construction (mm/dd/yyyy):

07/15/2016

8c. Estimated Start Date of Operation (mm/dd/yyyy):

07/17/2016

9. Description of Equipment or Reason for Compliance Plan (list applicable rule):

Modify Equipment Description # 3 to increase the number of
Chambers venting to the Scrubber from eight to nine.10. For identical equipment, how many additional
applications are being submitted with this application?
(Form 400-A required for each equipment / process)

1

11. Are you a Small Business as per AQMD's Rule 102 definition?

(10 employees or less and total gross receipts are
\$500,000 or less OR a not-for-profit training center)☒ No ☐ Yes12. Has a Notice of Violation (NOV) or a Notice to
Comply (NC) been issued for this equipment?
If Yes, provide NOV/NC#:☒ No ☐ Yes**Section E - Facility Business Information**

13. What type of business is being conducted at this equipment location?

EtO Sterilization of Medical Devices

14. What is your business primary NAICS Code?

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561910

15. Are there other facilities in the SCAQMD
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KATHLEEN HOFFMAN

18. Title of Responsible Official:

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application process.)☐ No
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20. Print Name:

Kathleen Hoffman

21. Date:

16-NOV-2015

22. Do you claim confidentiality of
data? (If Yes, see instructions.)☒ No ☐ Yes23. Check List: ☐ Authorized Signature/Date ☐ Form 400-CEQA ☐ Supplemental Form(s) (ie., Form 400-E-xx) ☐ Fees Enclosed

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Street Address

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Michael Kolesar General Manager

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Permit/Application**If you checked any of the items in
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Permit or Application Number:

8a. Estimated Start Date of Construction (mm/dd/yyyy):

02/01/2016

8b. Estimated End Date of Construction (mm/dd/yyyy):

07/15/2016

8c. Estimated Start Date of Operation (mm/dd/yyyy):

07/17/2016

9. Description of Equipment or Reason for Compliance Plan (list applicable rule):

Addition of new catalytic oxidizer

10. For identical equipment, how many additional
applications are being submitted with this application?
(Form 400-A required for each equipment / process)

1

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(10 employees or less and total gross receipts are
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16 - Nov - 2015

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07/15/2016

8c. Estimated Start Date of Operation (mm/dd/yyyy):

07/17/2016

9. Description of Equipment or Reason for Compliance Plan (list applicable rule):

Converting Area to Second Aeration Room

10. For identical equipment, how many additional
applications are being submitted with this application?
(Form 400-A required for each equipment / process)

1

11. Are you a Small Business as per AQMD's Rule 102 definition?

(10 employees or less and total gross receipts are
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**Form 400-CEQA****California Environmental Quality Act (CEQA) Applicability**South Coast
AQMD

Mail To:
SCAQMD
P.O. Box 4944
Diamond Bar, CA 91765-0944

Tel: (909) 396-3385
www.aqmd.gov

The SCAQMD is required by state law, the California Environmental Quality Act (CEQA), to review discretionary permit project applications for potential air quality and other environmental impacts. This form is a screening tool to assist the SCAQMD in clarifying whether or not the project¹ has the potential to generate significant adverse environmental impacts that might require preparation of a CEQA document [CEQA Guidelines §15060(a)].² Refer to the attached instructions for guidance in completing this form.³ For each Form 400-A application, also complete and submit one Form 400-CEQA. If submitting multiple Form 400-A applications for the same project at the same time, only one 400-CEQA form is necessary for the entire project. If you need assistance completing this form, contact Permit Services at (909) 396-3385 or (909) 396-2668.

Section A - Facility Information**1. Facility Name** (Business Name of Operator To Appear On The Permit):

STERIGENICS US, LCC

2. Valid AQMD Facility ID (Available On Permit Or Invoice Issued By AQMD):

126060

3. Project Description:

Convert an existing room to a second aeration room, install a catalytic oxidizer to control emissions from the new aeration room, and install a new Sterilization Chamber B which will vent to existing control devices.

Section B - Review For Exemption From Further CEQA Action

Check "Yes" or "No" as applicable

	Yes	No	Is this application for:
1.	<input type="radio"/>	<input checked="" type="radio"/>	A CEQA and/or NEPA document previously or currently prepared that specifically evaluates this project? If yes, attach a copy of the signed Notice of Determination to this form.
2.	<input type="radio"/>	<input checked="" type="radio"/>	A request for a change of permittee only (without equipment modifications)?
3.	<input type="radio"/>	<input checked="" type="radio"/>	A functionally identical permit unit replacement with no increase in rating or emissions?
4.	<input type="radio"/>	<input checked="" type="radio"/>	A change of daily VOC permit limit to a monthly VOC permit limit?
5.	<input type="radio"/>	<input checked="" type="radio"/>	Equipment damaged as a result of a disaster during state of emergency?
6.	<input type="radio"/>	<input checked="" type="radio"/>	A Title V (i.e., Regulation XXX) permit renewal (without equipment modifications)?
7.	<input type="radio"/>	<input checked="" type="radio"/>	A Title V administrative permit revision?
8.	<input type="radio"/>	<input checked="" type="radio"/>	The conversion of an existing permit into an initial Title V permit?

If "Yes" is checked for any question in Section B, your application does not require additional evaluation for CEQA applicability. Skip to Section D - Signatures on page 2 and sign and date this form.

Section C - Review of Impacts Which May Trigger CEQA


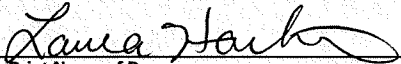
Complete Parts I-VI by checking "Yes" or "No" as applicable. To avoid delays in processing your application(s), explain all "Yes" responses on a separate sheet and attach it to this form.

	Yes	No	Part I - General
1.	<input type="radio"/>	<input checked="" type="radio"/>	Has this project generated any known public controversy regarding potential adverse impacts that may be generated by the project? Controversy may be construed as concerns raised by local groups at public meetings; adverse media attention such as negative articles in newspapers or other periodical publications, local news programs, environmental justice issues, etc.
2.	<input type="radio"/>	<input checked="" type="radio"/>	Is this project part of a larger project? If yes, attach a separate sheet to briefly describe the larger project.
Part II - Air Quality			
3.	<input type="radio"/>	<input checked="" type="radio"/>	Will there be any demolition, excavating, and/or grading construction activities that encompass an area exceeding 20,000 square feet?
4.	<input type="radio"/>	<input checked="" type="radio"/>	Does this project include the open outdoor storage of dry bulk solid materials that could generate dust? If Yes, include a plot plan with the application package.

¹ A "project" means the whole of an action which has a potential for resulting in physical change to the environment, including construction activities, clearing or grading of land, improvements to existing structures, and activities or equipment involving the issuance of a permit. For example, a project might include installation of a new, or modification of an existing internal combustion engine, dry-cleaning facility, boiler, gas turbine, spray coating booth, solvent cleaning tank, etc.

² To download the CEQA guidelines, visit http://ceres.ca.gov/env_law/state.html.

³ To download this form and the instructions, visit <http://www.aqmd.gov/ceqa> or <http://www.aqmd.gov/permit>

Section C - Review of Impacts Which May Trigger CEQA (cont.)			
	Yes	No	Part II - Air Quality (cont.)
5.	<input type="radio"/>	<input checked="" type="radio"/>	Would this project result in noticeable off-site odors from activities that may not be subject to SCAQMD permit requirements? For example, compost materials or other types of greenwaste (i.e., lawn clippings, tree trimmings, etc.) have the potential to generate odor complaints subject to Rule 402 – Nuisance.
6.	<input type="radio"/>	<input checked="" type="radio"/>	Does this project cause an increase of emissions from marine vessels, trains and/or airplanes?
7.	<input type="radio"/>	<input checked="" type="radio"/>	Will the proposed project increase the QUANTITY of hazardous materials stored aboveground onsite or transported by mobile vehicle to or from the site by greater than or equal to the amounts associated with each compound on the attached Table 1? ⁴
Part III – Water Resources			
8.	<input type="radio"/>	<input checked="" type="radio"/>	Will the project increase demand for water at the facility by more than 5,000,000 gallons per day? The following examples identify some, but not all, types of projects that may result in a "yes" answer to this question: 1) projects that generate steam; 2) projects that use water as part of the air pollution control equipment; 3) projects that require water as part of the production process; 4) projects that require new or expansion of existing sewage treatment facilities; 5) projects where water demand exceeds the capacity of the local water purveyor to supply sufficient water for the project; and 6) projects that require new or expansion of existing water supply facilities.
9.	<input type="radio"/>	<input checked="" type="radio"/>	Will the project require construction of new water conveyance infrastructure? Examples of such projects are when water demands exceed the capacity of the local water purveyor to supply sufficient water for the project, or require new or modified sewage treatment facilities such that the project requires new water lines, sewage lines, sewage hook-ups, etc.
Part IV – Transportation/Circulation			
10.	Will the project result in (Check all that apply):		
	<input type="radio"/>	<input checked="" type="radio"/>	a. the need for more than 350 new employees?
	<input type="radio"/>	<input checked="" type="radio"/>	b. an increase in heavy-duty transport truck traffic to and/or from the facility by more than 350 truck round-trips per day?
	<input type="radio"/>	<input checked="" type="radio"/>	c. increase customer traffic by more than 700 visits per day?
Part V – Noise			
11.	<input type="radio"/>	<input checked="" type="radio"/>	Will the project include equipment that will generate noise GREATER THAN 90 decibels (dB) at the property line?
Part VI – Public Services			
12.	Will the project create a permanent need for new or additional public services in any of the following areas (Check all that apply):		
	<input type="radio"/>	<input checked="" type="radio"/>	a. Solid waste disposal? Check "No" if the projected potential amount of wastes generated by the project is less than five tons per day.
	<input type="radio"/>	<input checked="" type="radio"/>	b. Hazardous waste disposal? Check "No" if the projected potential amount of hazardous wastes generated by the project is less than 42 cubic yards per day (or equivalent in pounds).
REMINER: For each "Yes" response in Section C, attach all pertinent information including but not limited to estimated quantities, volumes, weights, etc.			
Section D - Signatures			
I HEREBY CERTIFY THAT ALL INFORMATION CONTAINED HEREIN AND INFORMATION SUBMITTED WITH THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT THIS FORM IS A SCREENING TOOL AND THAT THE SCAQMD RESERVES THE RIGHT TO CONSIDER OTHER PERTINENT INFORMATION IN DETERMINING CEQA APPLICABILITY.			
1. Signature of Responsible Official of Firm: 		2. Title of Responsible Official of Firm: Senior VP of Global EHS	
3. Print Name of Responsible Official of Firm: Kathleen Hoffman		4. Date Signed: 16 - Nov - 2015	
5. Phone # of Responsible Official of Firm: (630) 928-1700	6. Fax # of Responsible Official of Firm: (630) 928-1701	7. Email of Responsible Official of Firm: KHoffman@sterigenics.com	
8. Signature of Preparer, (If prepared by person other than responsible official of firm): 		9. Title of Preparer: EHS Manager	
10. Print Name of Preparer: Laura Hartman		11. Date Signed: 16 Nov 2015	
12. Phone # of Preparer: (630) 928-1724	13. Fax # of Preparer: (630) 928-1701	14. Email of Preparer: LHartman@sterigenics.com	

THIS CONCLUDES FORM 400-CEQA. INCLUDE THIS FORM AND ANY ATTACHMENTS WITH FORM 400-A.

⁴ Table 1 – Regulated Substances List and Threshold Quantities for Accidental Release Prevention can be found in the Instructions for Form 400-CEQA.



South Coast Air Quality Management District

Form 400 - XPP**Express Permit Processing Request**

Form 400-A, Form 400-CEQA and one or more 400-E-xx form(s) must accompany all submittals.

South Coast
AQMDMail To:
SCAQMD
P.O. Box 4944
Diamond Bar, CA 91765-0944Tel: (909) 396-3385
www.aqmd.gov**Section A - Operator Information**

1. Facility Name (Business Name of Operator To Appear On The Permit):

Sterigenics US, LLC - Ontario Facility

2. Valid AQMD Facility ID (Available On Permit Or Invoice Issued By AQMD):

126060

Section B - Equipment Location Address3. ☒ Fixed Location ☐ Various Location

(For equipment operated at various locations, provide address of initial site.)

687 S. Wanamaker Ave.

Street Address

Ontario, CA 91761

City State Zip

Mike Kolesar General Manager

Contact Name

Title

(909) 390-2113

(909) 390-2124

Phone #

Ext.

Fax #

MKolesar@Sterigenics.com

E-Mail

Section C - Permit Mailing Address

4. Permit and Correspondence Information:

☐ Check here if same as equipment location address

2015 Spring Road, Suite 650

Address

Oak Brook, IL 60523

City State Zip

Laura Hartman EHS Manager

Contact Name

Title

(630) 928-1724

(630) 928-1701

Phone #

Ext.

Fax #

LHartman@Sterigenics.com

E-Mail

Section D - Authorization/Signature

I understand that the Expedited Permit Processing fees must be submitted at the time of application submittal, and that the application may be subject to additional fees per Rule 301. I understand that requests for Express Permit Processing neither guarantees action by any specific date nor does it guarantee permit approval; that Express Permit Processing is subject to availability of qualified staff; and that once Express Permit Processing has commenced, the expedited fees will not be refunded. I hereby certify that all information contained herein and information submitted with the application are true and correct.

5. Signature of Responsible Official:

KA Hoffman

6. Title of Responsible Official:

Senior VP of Global EH&S

7. Print Name of Responsible Official:

Kathleen Hoffman

8. Date:

16-Nov-2015

9. Phone #:

(630) 928-1758

10. Fax #:

(630) 928-1701

AQMD USE ONLY		APPLICATION TRACKING #		TYPE B C	EQUIPMENT CATEGORY CODE:	FEE SCHEDULE: \$		VALIDATION
ENG. DATE	A R	ENG. DATE	A R	CLASS I III	ASSIGNMENT Unit Engineer	CHECK/MONEY ORDER #	AMOUNT \$	TRACKING #

**Form 400-E-8
Ethylene Oxide Sterilizer**

This form must be accompanied by a completed Application for a Permit to Construct/Operate - Forms 400-A, Form 400-CEQA, and Form 400-PS.

Mail To:
SCAQMD
P.O. Box 4944
Diamond Bar, CA 91765-0944Tel: (909) 396-3385
www.aqmd.gov**Section A - Operator Information**

Facility Name (Business Name of Operator That Appears On Permit):

Valid AQMD Facility ID (Available On Permit Or Invoice Issued By AQMD):

Sterigenics US LLC

126060

Address where the equipment will be operated (for equipment which will be moved to various location in AQMD's jurisdiction, please list the initial location site):

687 S. Wanamaker Ave., Ontario, CA 91761

☒ Fixed Location ☐ Various Locations**Section B - Equipment Description**

Equipment	Manufacturer: Trumbo	Model: Cyclone Type	Serial No.: TBD
Internal Dimensions of Sterilizer Chamber	Width: 9 ft. 6 in.	Length: 55 ft. 0 in.	Height: 9 ft. 10 in.
Sterilizer Heater Information	Operating Temperature: 130 °F	a. <input type="radio"/> Electric: _____ KW b. <input type="radio"/> Gas: _____ BTU/hr	c. <input checked="" type="radio"/> Steam d. <input type="radio"/> Other (specify): _____
Sterilizer Exhaust Blower Information	Capacity: 550 ACFM		
Internal Dimensions of Aeration Chamber	Width: _____ ft. _____ in.	Length: _____ ft. _____ in.	Height: _____ ft. _____ in.
Aeration Heater Information	Operating Temperature: _____ °F	a. <input type="radio"/> Electric: _____ KW b. <input type="radio"/> Gas: _____ BTU/hr	c. <input type="radio"/> Steam d. <input type="radio"/> Other (specify): _____
Aeration Exhaust Blower Information	Capacity: _____ ACFM		

Section C - Operation Information

Sterilant Gas Information	a. Composition Ethylene Oxide (ETO): Ethylene Oxide	% by weight: 100.00

Sterilizer Vented Information	b. Maximum Temperature: _____ °F	
	c. Pressure: _____ psi	
	Is Sterilizer vented to an external Air Pollution Control (APC) equipment?	
	a. <input type="radio"/> No	
	b. <input checked="" type="radio"/> Yes; Please Indicate Type of Control	
	<input checked="" type="checkbox"/> Catalytic Afterburner	
	<input type="checkbox"/> Condensation/Reclamation	
	<input checked="" type="checkbox"/> Acid-water Scrubber	
	<input type="checkbox"/> Other ¹	
¹ A separate permit is required		

Form 400-E-8
Ethylene Oxide Sterilizer

This form must be accompanied by a completed Application for a Permit to Construct/Operate - Forms 400-A, Form 400-CEQA, and Form 400-PS.

Section C - Operation Information (cont.)

Process Information	Weight of ETO: _____ lbs/load	Average Usage: _____ loads/day	
	Maximum Usage: _____ loads/day		
Operating Schedule	Normal: _____ 24 _____ hours/day	_____ 7 _____ days/week	_____ 52 _____ weeks/yr
	Maximum: _____ 24 _____ hours/day	_____ 7 _____ days/week	_____ 52 _____ weeks/yr

Section D - Authorization/Signature

I hereby certify that all information contained herein and information submitted with this application is true and correct.

Preparer Info	Signature: <u><i>Laura Hartman</i></u>	Date: <u>16 Nov 2015</u>	Name: <u>Laura Hartman</u>
	Title: _____	Company Name: _____	Phone #: <u>(630) 928-1724</u> Fax #: <u>(630) 928-1701</u>
	<u>EHS Manager</u>	<u>Sterigenics US LLC</u>	Email: <u>LHartman@sterigenics.com</u>
Contact Info	Name: <u>Laura Hartman</u>	Phone #: <u>(630) 928-1724</u> Fax #: <u>(630) 928-1701</u>	
	Title: _____	Company Name: _____	Email: _____
	<u>EHS Manager</u>	<u>Sterigenics US LLC</u>	<u>LHartman@sterigenics.com</u>

THIS IS A PUBLIC DOCUMENT

Pursuant to the California Public Records Act, your permit application and any supplemental documentation are public records and may be disclosed to a third party. If you wish to claim certain limited information as exempt from disclosure because it qualifies as a trade secret, as defined in the District's Guidelines for Implementing the California Public Records Act, you must make such claim at the time of submittal to the District.

Check here if you claim that this form or its attachments contain confidential trade secret information. ☐



South Coast Air Quality Management District

Form 400-E-2a**Gaseous Emission Control Form
Afterburner/Oxidizer**

This form must be accompanied by a completed Application for a Permit to Construct/Operate - Forms 400-A, Form 400-CEQA, and Form 400-PS.

Mail To:
SCAQMD
P.O. Box 4944
Diamond Bar, CA 91765-0944Tel: (909) 396-3385
www.aqmd.gov**Section A - Operator Information**

Facility Name (Business Name of Operator That Appears On Permit):

Valid AQMD Facility ID (Available On Permit Or Invoice Issued By AQMD):

Sterigenics US, LLC - Ontario Facility126060

Address where the equipment will be operated (for equipment which will be moved to various location in AQMD's jurisdiction, please list the initial location site):

687 S. Wanamaker Ave., Ontario, CA 90058☒ Fixed Location ☐ Various Locations**Section B - Equipment Description**

Equipment	Manufacturer: <u>Existing Donaldson EtO Abator</u>	Model No.: <u>Model EtO Abator</u>
Type	<input checked="" type="radio"/> Catalytic Oxidizer <input type="radio"/> Recuperative Oxidizer w/ Heat Exchanger (Catalytic) <input type="radio"/> Thermal (direct fired) Oxidizer <input type="radio"/> Recuperative Oxidizer w/ Heat Exchanger (Thermal) <input type="radio"/> Regenerative Thermal Oxidizer (RTO) - Number of Chambers: _____ Is a concentrator for VOC part of the design? <input checked="" type="radio"/> No <input type="radio"/> Yes If Yes, also complete 400-E-2b. For <u>Regenerative Oxidizer</u> , choose type of media: <input type="radio"/> Ceramic Saddles <input type="radio"/> Monolith <input type="radio"/> Other _____ For <u>Recuperative Oxidizer</u> , choose type of heat exchanger: <input type="radio"/> Shell and Tube <input type="radio"/> Plate <input type="radio"/> Other _____	
For Catalytic Oxidizer	Catalyst Manufacturer: <u>Carus Corporation</u> Type of Catalyst: <input type="radio"/> Low Temperature Catalyst <input type="radio"/> Commercial Noble Metal <input checked="" type="radio"/> Other <u>Carulite 500</u> Estimated Catalyst Life: <u>7</u> years Catalyst Cleaning Frequency: <u>12</u> months Method of Cleaning: <u>shaking catalyst trays</u> Does the process emit any of the following potential catalyst masking agent or deactivators? <input checked="" type="radio"/> No <input type="radio"/> Yes If Yes, check the type(s): <input type="checkbox"/> Halogens <input type="checkbox"/> Heavy Metals <input type="checkbox"/> Silicones <input type="checkbox"/> Sulfur Compounds <input type="checkbox"/> Particulate Matter <input type="checkbox"/> PCBTF <input type="checkbox"/> Phosphorous Compounds <input type="checkbox"/> Other _____	
Type of Burners and Fuel	<input checked="" type="checkbox"/> Natural Gas Fired <input type="checkbox"/> Other: _____ Rating: <u>4,500,000</u> BTU/hr No. of Burners: _____ Rating: _____ BTU/hr per burner Manufacturer: <u>Eclipse</u> Model: <u>Linnox ULE</u> Manufacturer's Emission Guarantee for Burners: NOx: <u>60</u> ppm @ <u>3</u> %O ₂ CO: <u>400</u> ppm @ <u>3</u> %O ₂ Combustion Air Blower: _____ Flow Rate: _____ SCFM Horsepower: <u>7.5</u> HP	
Design Criteria	Retention time at normal operating temperature: _____ secs @ _____ °F Combustion Chamber Volume: _____ cubic feet (ft ³) Design Gas Flow: _____ SCFM	
Pre-Treatment Device	Is a pre-treatment device present? <input checked="" type="radio"/> Yes <input type="radio"/> No If Yes, indicate type: <input type="checkbox"/> Cyclone <input type="checkbox"/> Precooler <input type="checkbox"/> Preheater <input type="checkbox"/> Knock-Out Chamber <input type="checkbox"/> Baghouse <input type="checkbox"/> Inline Filters (Pressure drop of clean filters: _____ in. H ₂ O) <input type="checkbox"/> Other: _____ Dimensions of pre-treatment device: W _____ in. x L _____ in. x H _____ in. or Diameter _____ in. x H _____ in.	

Form 400-E-2a**Gaseous Emission Control Form
Afterburner/Oxidizer**

This form must be accompanied by a completed Application for a Permit to Construct/Operate - Forms 400-A, Form 400-CEQA, and Form 400-PS.

Section B - Equipment Description (cont.)

Auxiliary Fuel Data (e.g. gas injection, duct burner)	Auxiliary fuel available? <input checked="" type="radio"/> No <input type="radio"/> Yes If Yes, indicate type: _____				
	Fuel Usage:	<input type="radio"/> Cubic Feet Per Hour (ft ³ /hr)	Maximum	Minimum	Average
		<input type="radio"/> Gallons/Hour (gal/hr)			
Exhaust Blower	Rating: <u>250</u> HP Flow Capacity: <u>25000</u> SCFM Draft: <input checked="" type="radio"/> Forced <input type="radio"/> Induced				

Section C - Process Stream Characteristics

Brief Description of Process	Please attach a process flow diagram and engineering drawing of the process and the control system configuration. In the space provided, indicate what equipment is vented to the control equipment.			
	The new chamber B will exhaust through the existing aeration room to the existing Donaldson Abator (Permit issued on 12/13/2013) increasing the number of backvents to nine.			
Emission Data	Air Contaminant	Concentration (ppmv)	Destruction Efficiency (%)	
	Ethylene Oxide		99.00	
Instrumentation	Describe instrumentation for measuring temperature, pressure drop and other operating parameter (attach description, if necessary):			
	A continuous chart recorder monitors outlet temperature of the catalyst beds.			
Bakeout or Burnout Process	Is bakeout a feature of the process? <input checked="" type="radio"/> Yes <input type="radio"/> No			
Operating Conditions		Maximum	Minimum	Average
	Operating Temperature (°F):		280	290
	Exit Gas Temperature (°F):			150
Operating Schedule	Normal:	<u>24</u> hours/day	<u>7</u> days/week	<u>52</u> weeks/yr
	Maximum:	<u>24</u> hours/day	<u>7</u> days/week	<u>52</u> weeks/yr

Section D - Authorization/Signature

I hereby certify that all information contained herein and information submitted with this application is true and correct.

Preparer Info	Signature: <u>Laura Hartman</u>	Date: <u>16 Nov 2015</u>	Name: <u>Laura Hartman</u>
	Title: <u>EHS Manager</u>	Company Name: <u>Sterigenics U.S., LLC</u>	Phone #: <u>(630) 928-1724</u> Fax #: <u>(630) 928-1701</u>
			Email: <u>LHartman@Sterigenics.com</u>
Contact Info	Name: <u>Laura Hartman</u>	Phone #: <u>(630) 928-1724</u> Fax #: <u>(630) 928-1701</u>	
	Title: <u>EHS Manager</u>	Company Name: <u>Sterigenics</u>	
			Email: <u>LHartman@Sterigenics.com</u>

THIS IS A PUBLIC DOCUMENTPursuant to the California Public Records Act, your permit application and any supplemental documentation are public records and may be disclosed to a third party. If you wish to claim certain limited information as exempt from disclosure because it qualifies as a trade secret, as defined in the District's Guidelines for Implementing the California Public Records Act, you must make such claim at the time of submittal to the District.Check here if you claim that this form or its attachments contain confidential trade secret information. ☐

**Form 400-E-3
Scrubber**

This form must be accompanied by a completed Application for a Permit to Construct/Operate - Forms 400-A, Form 400-CEQA, and Form 400-PS.

Mail To:
SCAQMD
P.O. Box 4944
Diamond Bar, CA 91765-0944Tel: (909) 396-3385
www.aqmd.gov**Section A - Operator Information**

Facility Name (Business Name of Operator That Appears On Permit):

Valid AQMD Facility ID (Available On Permit Or Invoice Issued By AQMD):

STERIGENICS US, LLC

126060

Address where the equipment will be operated (for equipment which will be moved to various location in AQMD's jurisdiction, please list the initial location site):

687 S. Wanamaker Ave, Ontario, CA 91761

☒ Fixed Location ☐ Various Locations**Section B - Equipment Description**

Equipment	Manufacturer: Existing Ceilcote Scrubber	Model No.: SPT-48-168
Type	<input type="radio"/> Dry Scrubber <input checked="" type="radio"/> Wet Scrubber: Select Type(s) of Wet Scrubber <input checked="" type="checkbox"/> Packed Bed <input type="checkbox"/> Orifice <input type="checkbox"/> Condensation Scrubbing <input type="checkbox"/> Tray/Plate <input type="checkbox"/> Spray Chamber <input type="checkbox"/> Venturi: <input type="radio"/> Wet Approach <input type="radio"/> Flood Disc <input type="radio"/> Throat Inlet Flow Type: <input type="radio"/> Concurrent <input type="radio"/> Counter-Current Configuration: <input type="radio"/> Vertical <input type="radio"/> Horizontal	
Dimension	Height: 23.33 ft. Diameter: 4 ft. Length: ft.	
Purpose (To Remove)	<input type="radio"/> Odor <input type="radio"/> Inorganic Fumes and Gases (type) _____ <input type="radio"/> NOx <input type="radio"/> Particulate (type) _____ <input type="radio"/> SOx <input checked="" type="radio"/> Other Ethylene Oxide	
Components	Packed Bed:	Type of packing material: Tellerette Packing Manufacturer: _____ Number of Transfer Unit (NTUs): _____ Packing Factor: _____ Height of Transfer Units (HTU): ft. Packing Size: _____ Pressure Drop: in. H ₂ O/ft. Height of Packing Material: 14 ft. Bed Face Dimensions: ft ²
	Venturi:	Throat Diameter: in. Throat Length: in. Pressure Drop Across Throat: in. of water Throat Velocity: ft./min Contacting Rate Power (hp/1000 scfm): Drop Diameter: microns
Scrubbing Liquid Medium	Scrubbing Liquor Composition	Temperature: °F
	Weight %	Blown-Down Rate: gpm Feed Rate: gpm Make-Up Rate: gpm
	Scrubbing Solution: <input type="radio"/> Once Through <input checked="" type="radio"/> Recirculated Ph of Scrubbing Medium (range): 0.3 — 1.3	
	Auto Caustic Injection? <input type="radio"/> Yes <input type="radio"/> No Ph Meter Present? <input type="radio"/> Yes <input type="radio"/> No	
	Pump HP: Stand By Pump H.P.: Size of Recirculation Tank: gal	
Exhaust System	HP 3 Flow Rate: 2000 ACFM	

**Form 400-E-3
Scrubber**

This form must be accompanied by a completed Application for a Permit to Construct/Operate - Forms 400-A, Form 400-CEQA, and Form 400-PS.

Section B - Equipment Description (cont.)

Pre-Treatment	Describe any pre-treatment and gas stream conditioning processes (e.g. gas cooling, gas reheating, gas humidification). Also describe equipment vented to this scrubber.
	The new Sterilization Chamber B will be vented to this scrubber during the EtO purge cycle increasing the number of chambers to 9 in equipment description #3.
	Is a mist eliminator present to the inlet to the scrubber? <input type="radio"/> Yes <input type="radio"/> No
	If Yes, Type: _____ Model #: _____ Pressure Drop: _____ in. of water

Section C - Waste Gas Stream Characteristics

Brief Description of Process	Please supply an assembly drawing, dimensioned to scale, to show clearly the operation of the control system, including all equipment vented.
Waste Gas Stream	Gas Flow Rate (maximum): <u>2000</u> ACFM Gas Flow Rate (expected): _____ ACFM Inlet Pressure: _____ psia Temperature Inlet: _____ °F Temperature Outlet: _____ °F
Operating Parameters	Pressure Drop Across Scrubber: _____ in. of water Aerodynamic Particle Diameter: _____ microns
Post Treatment	Present at the outlet to the scrubber? <input type="radio"/> Yes <input checked="" type="radio"/> No If Yes, indicate type: <input type="radio"/> Mist Eliminator <input type="radio"/> High Efficiency Particulate Arrestors (HEPA) <input type="radio"/> Other _____ Model #: _____ Pressure Drop: _____ in. of water
Instrumentation	Describe instrumentation data for measuring flow, pressure drop, audible alarms, and other operating parameters (attach description, if necessary): A differential pressure gauge, flow meter, and pH meter are used to measure the respective parameters.
Operating Schedule	Normal: <u>24</u> hours/day <u>7</u> days/week <u>52</u> weeks/yr Maximum: <u>24</u> hours/day <u>7</u> days/week <u>52</u> weeks/yr

Section D - Authorization/Signature

I hereby certify that all information contained herein and information submitted with this application is true and correct.

Preparer Info	Signature: <u>Laura Hartman</u> Date: <u>16 Nov 2015</u>	Name: <u>Laura Hartman</u>
	Title: _____ Company Name: _____	Phone #: <u>(630) 928-1724</u> Fax #: <u>(630) 928-1701</u>
	EHS Manager Sterigenics US, LLC	Email: <u>LHartman@Sterigenics.com</u>
Contact Info	Name: <u>Laura Hartman</u>	Phone #: <u>(630) 928-1724</u> Fax #: <u>(630) 928-1701</u>
	Title: _____ Company Name: _____	Email: <u>LHartman@Sterigenics.com</u>
	EHS Manager Sterigenics US, LLC	

THIS IS A PUBLIC DOCUMENT

Pursuant to the California Public Records Act, your permit application and any supplemental documentation are public records and may be disclosed to a third party. If you wish to claim certain limited information as exempt from disclosure because it qualifies as a trade secret, as defined in the District's Guidelines for Implementing the California Public Records Act, you must make such claim at the time of submittal to the District.

Check here if you claim that this form or its attachments contain confidential trade secret information. ☐

**Form 400-E-2a****Gaseous Emission Control Form
Afterburner/Oxidizer**

This form must be accompanied by a completed Application for a Permit to Construct/Operate - Forms 400-A, Form 400-CEQA, and Form 400-PS.

Mail To:
SCAQMD
P.O. Box 4944
Diamond Bar, CA 91765-0944Tel: (909) 396-3385
www.aqmd.gov**Section A - Operator Information**

Facility Name (Business Name of Operator That Appears On Permit):

Valid AQMD Facility ID (Available On Permit Or Invoice Issued By AQMD):

Sterigenics US, LLC

126060

Address where the equipment will be operated (for equipment which will be moved to various location in AQMD's jurisdiction, please list the initial location site):

687 S. Wanamaker Ave, Ontario, CA 91761

☒ Fixed Location ☐ Various Locations**Section B - Equipment Description**

Equipment	Manufacturer: TBD	Model No.: Catalytic Oxidizer - TBD
Type	<input type="radio"/> Catalytic Oxidizer <input checked="" type="radio"/> Recuperative Oxidizer w/ Heat Exchanger (Catalytic) <input type="radio"/> Thermal (direct fired) Oxidizer <input type="radio"/> Recuperative Oxidizer w/ Heat Exchanger (Thermal) <input type="radio"/> Regenerative Thermal Oxidizer (RTO) - Number of Chambers: _____ Is a concentrator for VOC part of the design? <input checked="" type="radio"/> No <input type="radio"/> Yes If Yes, also complete 400-E-2b. For <u>Regenerative Oxidizer</u> , choose type of media: For <u>Recuperative Oxidizer</u> , choose type of heat exchanger: <input type="radio"/> Ceramic Saddles <input type="radio"/> Monolith <input type="radio"/> Shell and Tube <input type="radio"/> Plate <input type="radio"/> Other _____ <input type="radio"/> Other _____	
For Catalytic Oxidizer	Catalyst Manufacturer: <u>Carulite 500</u> Type of Catalyst: <input checked="" type="radio"/> Low Temperature Catalyst <input type="radio"/> Commercial Noble Metal <input type="radio"/> Other _____ Estimated Catalyst Life: <u>7</u> years Catalyst Cleaning Frequency: <u>12</u> months Method of Cleaning: <u>shaking catalyst trays</u> Does the process emit any of the following potential catalyst masking agent or deactivators? <input checked="" type="radio"/> No <input type="radio"/> Yes If Yes, check the type(s): <input type="checkbox"/> Halogens <input type="checkbox"/> Heavy Metals <input type="checkbox"/> Silicones <input type="checkbox"/> Sulfur Compounds <input type="checkbox"/> Particulate Matter <input type="checkbox"/> PCBTf <input type="checkbox"/> Phosphorous Compounds <input type="checkbox"/> Other _____	
Type of Burners and Fuel	<input checked="" type="checkbox"/> Natural Gas Fired <input type="checkbox"/> Other: _____ Rating: <u>1,500,000</u> BTU/hr No. of Burners: <u>1</u> Rating: _____ BTU/hr per burner Rating: _____ BTU/hr Manufacturer: <u>Maxon</u> Model: <u>TBD</u> Manufacturer's Emission Guarantee for Burners: NOx: <u>60</u> ppm @ <u>3</u> %O ₂ CO: <u>250</u> ppm @ <u>3</u> %O ₂ Combustion Air Blower: Flow Rate: _____ SCFM Horsepower: _____ HP	
Design Criteria	Retention time at normal operating temperature: _____ secs @ _____ °F Combustion Chamber Volume: _____ cubic feet (ft ³) Design Gas Flow: _____ SCFM	
Pre-Treatment Device	Is a pre-treatment device present? <input checked="" type="radio"/> Yes <input type="radio"/> No If Yes, indicate type: <input type="checkbox"/> Cyclone <input type="checkbox"/> Precooler <input checked="" type="checkbox"/> Preheater <input type="checkbox"/> Knock-Out Chamber <input type="checkbox"/> Baghouse <input type="checkbox"/> Inline Filters (Pressure drop of clean filters: _____ in. H ₂ O) <input type="checkbox"/> Other: _____ Dimensions of pre-treatment device: W _____ in. x L _____ in. x H _____ in. or Diameter _____ in. x H _____ in.	

Form 400-E-2a**Gaseous Emission Control Form****Afterburner/Oxidizer**

This form must be accompanied by a completed Application for a Permit to Construct/Operate - Forms 400-A, Form 400-CEQA, and Form 400-PS.

Section B - Equipment Description (cont.)

Auxiliary Fuel Data (e.g. gas injection, duct burner)	Auxiliary fuel available? <input checked="" type="radio"/> No <input type="radio"/> Yes If Yes, indicate type: _____		
	Fuel Usage: <input type="radio"/> Cubic Feet Per Hour (ft ³ /hr)	Maximum	Minimum
	<input type="radio"/> Gallons/Hour (gal/hr)		Average
Exhaust Blower	Rating: <u>100</u> HP Flow Capacity: <u>15000</u> SCFM Draft: <input checked="" type="radio"/> Forced <input type="radio"/> Induced		

Section C - Process Stream Characteristics

Brief Description of Process	Please attach a process flow diagram and engineering drawing of the process and the control system configuration. In the space provided, indicate what equipment is vented to the control equipment.		
	Product is moved after the sterilization cycle into aeration where residual EO is removed and ducted to catalytic oxidizer. Fugitive emissions from process areas will also be ducted.		
Emission Data	Air Contaminant	Concentration (ppmv)	Destruction Efficiency (%)
	Ethylene Oxide	350	99.00
Instrumentation	Describe instrumentation for measuring temperature, pressure drop and other operating parameter (attach description, if necessary):		
	A continuous chart recorder monitors outlet of the catalyst beds.		
Bakeout or Burnout Process	Is bakeout a feature of the process? <input checked="" type="radio"/> Yes <input type="radio"/> No		
Operating Conditions		Maximum	Minimum
	Operating Temperature (°F):		280
	Exit Gas Temperature (°F):	725	
Operating Schedule	Normal: <u>24</u> hours/day <u>7</u> days/week <u>52</u> weeks/yr		
	Maximum: <u>24</u> hours/day <u>7</u> days/week <u>52</u> weeks/yr		

Section D - Authorization/Signature

I hereby certify that all information contained herein and information submitted with this application is true and correct.

Preparer Info	Signature: <u><i>Laura Hartman</i></u>	Date: <u>16 NOV 2015</u>	Name: <u>Laura Hartman</u>
	Title: <u>EHS Manager</u>	Company Name: <u>Sterigenics US, LLC</u>	Phone #: <u>(630) 928-1724</u> Fax #: <u>(630) 928-1701</u>
Contact Info	Name: <u>Laura Hartman</u>	Phone #: <u>(630) 928-1724</u> Fax #: <u>(630) 928-1701</u>	Email: <u>LHartman@Sterigenics.com</u>
	Title: <u>EHS Manager</u>	Company Name: <u>Sterigenics US, LLC</u>	Email: <u>LHartman@Sterigenics.com</u>

THIS IS A PUBLIC DOCUMENTPursuant to the California Public Records Act, your permit application and any supplemental documentation are public records and may be disclosed to a third party. If you wish to claim certain limited information as exempt from disclosure because it qualifies as a trade secret, as defined in the District's Guidelines for Implementing the California Public Records Act, you must make such claim at the time of submittal to the District.Check here if you claim that this form or its attachments contain confidential trade secret information. ☐

FORM 400-E-GI

GENERAL INFORMATION SUMMARY

1. Equipment/Process Location Drawing:

Attachment 1 provides a diagram depicting the site location and facility layout. Also shown is the location of the proposed second heated aeration room.

2. Equipment Description:

This project consists of converting the existing product storage room into a second heated aeration room. The new heated aeration room will measure approximately 71' wide x 59' long 26' high.

3. Process Description:

See Attachment 2 for a general flow diagram for the sterilization process. Per the flow diagram, following Ethylene Oxide (EtO) gas sterilization in one of the facility's sterilization chambers, palletized products are placed in a heated aeration room (~115 °F) for typically 1-2 days. The aeration rooms are used for off-gassing EtO prior to the sterilized products being shipped to customers. The new heated aeration room will modify the existing 14" diameter duct system to transport EtO emissions to a new catalytic oxidizer for treatment. A permit application for a new catalytic oxidizer is being submitted as part of this permit application submittal.

4. Operating Schedule:

The aeration room will operate 24 hours per day, 365 days per year.

5. Process Rate:

In 2015, SCAQMD issued permits # G36579, G36580, G36581, G36584, G36585, G36586 which increased the facility's allowable usage to 657 tons per year of EtO for product sterilization. Of this total, approximately 4% (or about 52,560 pounds/year) is the estimated amount of untreated process EtO emissions originating from both aeration rooms. The allowable emissions currently permitted will not be affected by the addition of the new aeration room.

6. Fuels & Burners Used:

This section is not applicable - no fuel usage/burning is associated with the aeration room.

7. Flow Diagram:

A simplified process flow diagram is provided in Attachment 2. The basic process steps are:

Additional Heated Aeration Room- Permit Application
Sterigenics U.S., LLC
687 Wanamaker Ave, Ontario Facility
Facility ID # 126060

- Product is received for processing
- Preconditioning of product
- Product sterilization
- Aeration of sterilized product
- Product shipping

8. Drawings of Equipment/Process:

See Attachments 1 for diagrams of the proposed heated aeration room.

9: Drawings of Exhaust System

See Attachment 1 for a plan drawing of the aeration room fans connecting to the new catalytic oxidizer.

10. Stack/Exhaust Emissions Data

The new aeration room will be vented to a new oxidizer and will be subject to both the 40 CFR Part 63, Subpart O and AQMD Rule 1405 standards. The minimum control efficiency for the aeration room will be 99%. The combined estimated emissions from both the new and existing aeration rooms using the minimum control efficiency will be 526 pounds. Since the permitted EtO usage for the facility will remain the same, the potential emissions remain the same with the addition of a second aeration room.

11. Air Quality Impact:

As stated in #10 (above), treated EtO emissions attributable to both aeration rooms (1 existing and 1 new aeration room) amount to approximately 526 pounds annually. No other constituents are expected to be present in significant amounts.

Authorized Rep: Laura Hartman Title: EHS Manager

Authorized Rep Signature: *Laura Hartman* Date: 16 Nov 2015

**Form 400-PS****Plot Plan And Stack Information Form**

This form must be accompanied by a completed Application for a Permit to Construct/Operate - Form 400A and Form 400-CEQA.

South Coast
AQMDMail To:
SCAQMD
P.O. Box 4944
Diamond Bar, CA 91765-0944Tel: (909) 396-3385
www.aqmd.gov**Section A - Operator Information**

Facility Name (Business Name of Operator To Appear On The Permit):

Valid AQMD Facility ID (Available On Permit Or Invoice Issued By AQMD):

Sterigenics US LLC

126060

Address where the equipment will be operated (for equipment which will be moved to various location in AQMD's jurisdiction, please list the initial location site):

687 S. Wanamaker Ave, Ontario, CA 91761

☒ Fixed Location ☐ Various Locations**Section B - Location Data****Plot Plan**

Please attach a site map for the project with distances and scales. Identify and locate the proposed equipment on the map. A copy of the appropriate Thomas Brothers page, a web-based map, or a sketch that shows the major streets and location of the equipment is acceptable.

Location of Schools NearbyIs the facility located within a 1/4 mile radius (1,320 feet) of the outer boundary of a school? ☐ Yes ☒ No

If yes, please provide name(s) of school(s) below:

School Name: _____

School Name: _____

School Address: _____

School Address: _____

Distance from stack or equipment vent
to the outer boundary of the school: _____ feetDistance from stack or equipment vent
to the outer boundary of the school: _____ feet

CA Health & Safety Code 42301.9: "School" means any public or private school used for purposes of the education of more than 12 children in kindergarten or any of grades 1 to 12, inclusive, but does not include any private school in which education is primarily conducted in private homes.

Population Density☒ Urban ☐ Rural (<50% of land within 3 km radius accounted for by urban land use categories, i.e., multi-family dwelling or industrial.)**Zoning Classification**☐ Mixed Use Residential Commercial Zone (M-U)☐ Service and Professional Zone (C-S)☐ Medium Commercial (C-3)☐ Heavy Commercial (C-4)☐ Commercial Manufacturing (C-M)**Section C - Emission Release Parameters - Stacks, Vents****Stack Data**

Stack Height: 40.00 feet (above ground level)

What is the height of the closest building nearest the stack? 35 feet

Stack Inside Diameter: 32.00 inches

Stack Flow: 15,000 acfm Stack Temperature: 280 °F

Rain Cap Present: ☐ Yes ☐ NoStack Orientation: ☒ Vertical ☐ Horizontal

If the stack height is less than 2.5 times the closest building height (H), please provide information on any building within 5xH distance from the stack (attach additional sheet if necessary):

Building #/Name: 687 S Wanamaker Dr

Building #/Name: property to South

Building Height: 35 feet (above ground level)

Building Height: 30 feet (above ground level)

Building Width: 226 feet

Building Width: 205 feet

Building Length: 276 feet

Building Length: 350 feet

**Receptor Distance From
Equipment Stack or Roof
Vents/Openings**

Distance to nearest residence or sensitive receptor*: 12,795 feet

Distance to nearest business: 75 feet

Building InformationAre the emissions released from vents and/or openings from a building? ☐ Yes ☒ No

If yes, please provide:

Building #/Name: _____

Building Width: _____ feet

Building Height: _____ feet (above ground level)

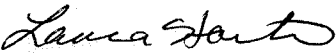
Building Length: _____ feet

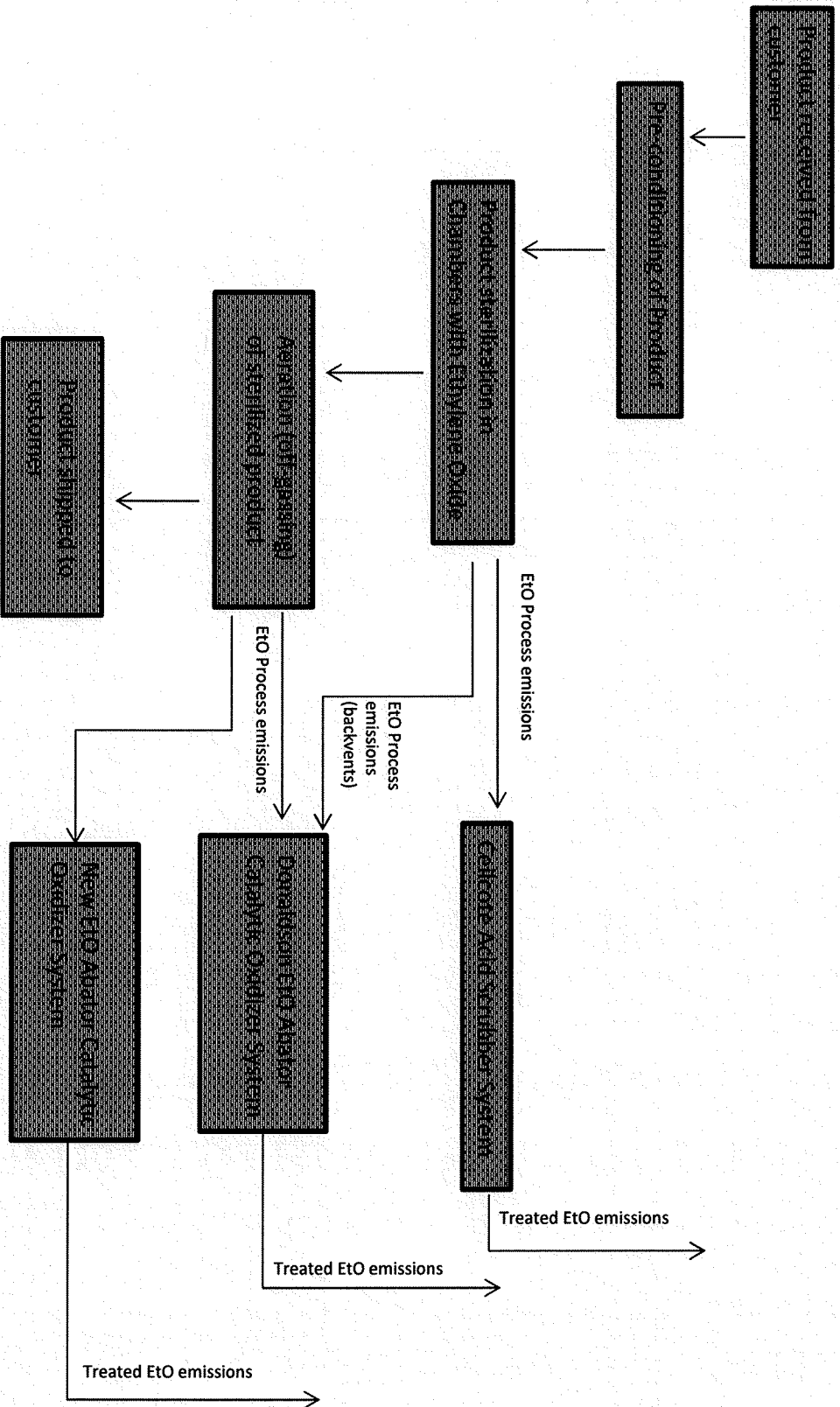
*AQMD Rule 1470 defines SENSITIVE RECEPTOR as meaning any residence including private homes, condominiums, apartments, and living quarters, schools as defined under paragraph (b)(57), preschools, daycare centers and health facilities such as hospitals or retirement and nursing homes. A sensitive receptor includes long term care hospitals, hospices, prisons, and dormitories or similar live-in housing.

Form 400-PS

Plot Plan And Stack Information Form

This form must be accompanied by a completed Application for a Permit to Construct/Operate - Form 400A and Form 400-CEQA.

Section D - Authorization/Signature			
I hereby certify that all information contained herein and information submitted with this application is true and correct.			
Signature of Preparer: 	Title of Preparer: EHS Manager	Preparer's Phone #: (630) 928-1724	Preparer's Email: LHartman@Sterigenics.com
Contact Person: Laura Hartman	Contact's Phone#: (630) 928-1724	Date Signed: 16 Nov 2015	
Contact's Email: LHartman@Sterigenics.com	Contact's Fax#: (630) 928-1701		
<p style="text-align: center;">THIS IS A PUBLIC DOCUMENT</p> <p>Pursuant to the California Public Records Act, your permit application and any supplemental documentation are public records and may be disclosed to a third party. If you wish to claim certain limited information as exempt from disclosure because it qualifies as a trade secret, as defined in the District's Guidelines for Implementing the California Public Records Act, you must make such claim <u>at the time of submittal</u> to the District.</p> <p>Check here if you claim that this form or its attachments contain confidential trade secret information. <input type="checkbox"/></p>			



Attachment 2
Ontario Facility
Simplified Process Diagram



PERMIT TO CONSTRUCT

Granted as of 12/13/2013

ID 126060

Legal Owner
or Operator:

STERIGENICS US, LLC
2015 SPRING RD, STE 650
OAK BROOK, IL 60523

Equipment Location: 687 WANAMAKER AVE, ONTARIO, CA 91761

Equipment Description :

AIR POLLUTION CONTROL SYSTEM, ABATOR DONOLDSON CONSISTING OF:

1. ABATOR, DONOLDSON, WITH A PREFILTER RATED AT 80% MINIMUM CONTROL EFFICIENCY, A HEAT EXCHANGER, AND A CATALYTIC BED WITH 112 MANGANESE BASED CATALYTIC TRAYS
2. FIVE ECLIPSE LINNOX BURNERS, NATURAL GAS FIRED, EACH RATED AT 900,000 BTU PER HOUR, WITH A 7.5 HP COMBUSTION AIR BLOWER
3. EXHAUST SYSTEM WITH A 250 HP BLOWER, 25,000 CFM. VENTING AND CONTROLLING OFF GASES FROM EIGHT RETORT BACKDRAFT VENTS AND AN AREATION ROOM

Conditions :

1. OPERATION OF THIS EQUIPMENT SHALL BE CONDUCTED IN ACCORDANCE WITH ALL DATA AND SPECIFICATIONS SUBMITTED WITH THE APPLICATION UNDER WHICH THIS PERMIT IS ISSUED UNLESS OTHERWISE NOTED BELOW.
2. THIS EQUIPMENT SHALL BE PROPERLY MAINTAINED AND KEPT IN GOOD OPERATING CONDITION AT ALL TIMES.
3. THE TEMPERATURE OF THE CATALYST BED SHALL BE MAINTAINED AT NO LESS THAN 280 DEGREES FAHRENHEIT AS INDICATED BY A PROPER TEMPERATURE RECORDER.
4. AT LEAST ONCE A DAY THE CATALYST BED TEMPERATURE SHALL BE RECORDED.
5. A PRESSURE DIFFERENTIAL GAUGE SHALL BE INSTALLED AND MAINTAINED TO MEASURE THE TOTAL PRESSURE DIFFERENTIAL IN INCHES OF WATER COLUMN ACROSS THE CONTROL EQUIPMENT. THE TOTAL PRESSURE DIFFERENTIAL SHALL NOT EXCEED 30 INCHES OF WATER COLUMN.
6. THE STACK HEIGHT OF THIS CONTROL SYSTEM SHALL NOT BE LESS THAN 45 FEET FROM THE GROUND, AND THE STACK DIAMETER SHALL NOT BE GREATER THAN 36 INCHES.

ORIGINAL



South Coast Air Quality Management District
21865 Copley Drive, Diamond Bar, CA 91765-4178
PERMIT TO CONSTRUCT

Page 2
Application No.
555347

7. THIS CONTROL SYSTEM AND ALL THE DEVICES AND COMPONENTS WHICH ARE CONNECTED TO THIS SYSTEM SHALL BE LEAK TESTED EVERY SIX MONTHS USING THE LATEST CARB TEST METHOD DURING CONDITIONS OF MAXIMUM STERILANT GAS FLOW.
8. AT LEAST ONCE EVERY CALENDAR YEAR, SOURCE TESTS SHALL BE CONDUCTED TO VERIFY COMPLIANCE WITH REQUIRED ETO EMISSION CONTROL EFFICIENCY OF THIS EQUIPMENT. RULE 1405 REQUIRES THIS CONTROL SYSTEM SHALL ACHIEVE 99 PERCENT OR BETTER ETO EMISSION CONTROL EFFICIENCY.
9. THE OPERATOR OF THIS EQUIPMENT SHALL COMPLY WITH ALL REQUIREMENTS SPECIFIED IN CARB ETHYLENE OXIDE AIR BORNE TOXIC CONTROL MEASURE (ATCM) FOR STERILIZERS AND AERATORS, PARTS 1 AND 2 UNDER TITLE 17 OF CALIFORNIA CODE OF REGULATIONS, SECTIONS 93108 AND 93108.5 (17 CCR, SECTIONS 93108 & 93108.5).
10. THE OPERATOR OF THIS EQUIPMENT SHALL COMPLY WITH ALL REQUIREMENTS SPECIFIED IN THE NATIONAL EMISSION STANDARDS FOR HAZARDOUS AIR POLLUTANTS (NESHAP) FOR ETHYLENE OXIDE COMMERCIAL STERILIZATION AND FUMIGATION OPERATIONS UNDER CODE OF FEDERAL REGULATIONS, TITLE 40, PART 63 SUBPART O (40 CFR 63, SUBPART O).
11. THE BURNER OF THIS CONTROL SYSTEM SHALL COMPLY WITH THE FOLLOWING EMISSION LIMITS:

NOX: 30 PPM @ 3% O₂
CO: 400 PPM @ 3% O₂

THE EMISSION LIMITS APPLY SOLELY WHEN BURNING 100% NATURAL GAS FUEL, AND NOT WHEN THE BURNER IS INCINERATING AIR TOXICS, VOCs, OR OTHER VAPORS.
12. WITHIN 120 DAYS OF THE COMMENCEMENT OF THE NEW BURNER OPERATION, A SOURCE TEST SHALL BE CONDUCTED TO VERIFY COMPLIANCE WITH CONDITION NO. 11. THE SOURCE TEST SHALL BE CONDUCTED IN ACCORDANCE WITH THE REQUIREMENTS OF RULE 1147 (c)(3) AND (d).
13. RECORDS OF LEAK TESTS, SOURCE TESTS AND OTHER RECORDS REQUIRED BY THIS PERMIT SHALL BE MAINTAINED ON FILE FOR A MINIMUM OF FIVE YEARS AND SHALL BE MADE AVAILABLE TO THE AQMD PERSONNEL UPON REQUEST. AT MINIMUM THE MOST RECENT TWO YEARS OF RECORDS SHALL BE RETAINED ON SITE.

ORIGINAL



PERMIT TO CONSTRUCT

Approval or denial of this application for permit to operate the above equipment will be made after an inspection to determine if the equipment has been constructed in accordance with the approved plans and specifications and if the equipment can be operated in compliance with all Rules of the South Coast Quality Management District.

Please notify JACKSON J YOONG at (909) 396 - 3125 when construction of equipment is complete.

This Permit to Construct is based on plans, specifications, and data submitted as it pertains to the release of air contaminants and control measures to reduce air contaminants. No approval or opinion concerning safety and other factors in design, construction or operation of equipment is expressed or implied.

This Permit to Construct shall serve as a temporary Permit to operate provided the Executive Officer is given prior notice of such intent to operate.

This Permit to Construct will become invalid if the Permit to Operate is denied or if the application is cancelled. This PERMIT TO CONSTRUCT SHALL EXPIRE ONE YEAR FROM THE DATE OF ISSUANCE unless an extension is granted by the Executive Officer.

DMB/JY02

DORRIS M. BAILEY

Principal office Assistant

ORIGINAL



SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT
21865 Copley Drive, Diamond Bar, CA 91765

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Permit No.
F98585
A/N 378307

PERMIT TO OPERATE

This initial permit must be renewed ANNUALLY unless the equipment is moved, or changes ownership.
If the billing for the annual renewal fee (Rule 301.f) is not received by the expiration date, contact the District.

Legal Owner
or Operator:

STERIGENICS US, LLC
687 S WANAMAKER AVE
ONTARIO, CA 91761

ID 126060

Equipment Location: 687 WANAMAKER AVE, ONTARIO, CA 91761

Equipment Description :

AIR POLLUTION CONTROL SYSTEM CONSISTING OF:

1. PACKED TOWER CHEMICAL SCRUBBER, CEILCOTE, MODEL NO. SPT-48-168, 4'-0" DIAMETER AND 23'-4" HIGH, WITH 14 FEET DEEP BED WITH NO. 1 TELLERETTE PACKING.
2. REACTION TANK, 10'-0" DIAMETER AND 10'-3" HIGH, 5000 GALLONS WORKING CAPACITY, WITH TWO 10 HP, 151 GPM RECIRCULATION PUMPS (ONE STANDBY).
3. EXHAUST FAN, 3 HP, 2000 CFM CAPACITY, VENTING EIGHT STERILIZATION CHAMBERS.

Conditions :

1. OPERATION OF THIS EQUIPMENT SHALL BE CONDUCTED IN ACCORDANCE WITH ALL DATA AND SPECIFICATIONS SUBMITTED WITH THE APPLICATION UNDER WHICH THIS PERMIT IS ISSUED UNLESS OTHERWISE NOTED BELOW.
2. THIS EQUIPMENT SHALL BE PROPERLY MAINTAINED AND KEPT IN GOOD OPERATING CONDITION AT ALL TIMES.
3. THIS CONTROL EQUIPMENT SHALL BE EQUIPPED WITH A DIFFERENTIAL PRESSURE GAUGE TO INDICATE THE PRESSURE DROP ACROSS THE SCRUBBER AIR STREAM. THE PRESSURE DROP ACROSS THE SCRUBBER SHALL BE SET AND MAINTAINED ACCORDING TO THE MANUFACTURER SPECIFICATION WHICH RESULTS IN 99.9% REMOVAL EFFICIENCY OR BETTER DURING THE ENTIRE PURGE CYCLE.
4. THIS CONTROL EQUIPMENT SHALL BE EQUIPPED WITH A FLOW METER TO MEASURE THE FLOW RATE OF THE SCRUBBING SOLUTION IN GALLONS PER MINUTE. THE FLOW RATE SHALL BE SET AND MAINTAINED ACCORDING TO THE MANUFACTURER SPECIFICATION WHICH RESULTS IN 99.9% REMOVAL EFFICIENCY OR BETTER DURING THE ENTIRE PURGE CYCLE.
5. THIS CONTROL EQUIPMENT SHALL BE EQUIPPED WITH A PH METER TO ACCURATELY INDICATE THE PH OF THE SCRUBBING SOLUTION USED IN THE SCRUBBER. THE PH LEVEL SHALL BE MAINTAINED BETWEEN 0.3 AND 1.3 DURING THE ENTIRE PURGE CYCLE.

FILE COPY



SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT
21865 Copley Drive, Diamond Bar, CA 91765

PERMIT TO OPERATE

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Permit No.
F98585
A/N 378307

6. THIS CONTROL SYSTEM AND ALL THE DEVICES AND COMPONENTS WHICH ARE CONNECTED TO THIS SYSTEM SHALL BE LEAK TESTED EVERY SIX MONTHS USING THE LATEST CARB TEST METHOD DURING CONDITIONS OF MAXIMUM STERILANT GAS FLOW.
7. THE ETO PURGE FROM THE ETO CHAMBERS SHALL BE EVENLY SPREAD OVER THE COURSE OF 24 HOUR PER DAY. RECORDS INDICATING THE DATE, CHAMBER IDENTIFICATION NUMBER, POUNDS OF ETHYLENE OXIDE USED IN EACH CYCLE, AND THE TIME OF THE DAY WHEN THE CHAMBER IS PURGED SHALL BE RECORDED.
8. AT LEAST ONCE A DAY THE SCRUBBING SOLUTION PH LEVEL, SCRUBBING SOLUTION VOLUME FLOW RATE, AND THE PRESSURE DIFFERENTIAL ACROSS THE SCRUBBER SHALL BE RECORDED.
9. THE TOTAL MONTHLY AND ANNUAL AMOUNT OF ETHYLENE OXIDE PURCHASED AND USED BY THIS FACILITY SHALL BE RECORDED.
10. THE OPERATOR OF THIS EQUIPMENT SHALL COMPLY WITH THE MONITORING REQUIREMENTS OF CARB ETHYLENE OXIDE AIR BORNE TOXIC CONTROL MEASURE (ATCM) FOR STERILIZERS AND AERATORS.
11. THE OPERATOR OF THIS EQUIPMENT SHALL COMPLY WITH THE MONITORING REQUIREMENTS OF EPA ETHYLENE OXIDE COMMERCIAL STERILIZATION AND FUMIGATION NESHAP.
12. RECORDS SHALL BE MAINTAINED TO DEMONSTRATE COMPLIANCE WITH CONDITION NOS. 6, 7, 8, 9, 10, AND 11. THE RECORDS SHALL BE KEPT FOR AT LEAST TWO YEARS AND BE MADE AVAILABLE TO DISTRICT PERSONNEL UPON REQUEST.

FILE COPY



SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT
21865 Copley Drive, Diamond Bar, CA 91765

PERMIT TO OPERATE

Page 3
Permit No.
F98585
A/N 378307

NOTICE

IN ACCORDANCE WITH RULE 206, THIS PERMIT TO OPERATE OR COPY SHALL BE POSTED ON OR WITHIN 8 METERS OF THE EQUIPMENT.

THIS PERMIT DOES NOT AUTHORIZE THE EMISSION OF AIR CONTAMINANTS IN EXCESS OF THOSE ALLOWED BY DIVISION 26 OF THE HEALTH AND SAFETY CODE OF THE STATE OF CALIFORNIA OR THE RULES OF THE AIR QUALITY MANAGEMENT DISTRICT. THIS PERMIT CANNOT BE CONSIDERED AS PERMISSION TO VIOLATE EXISTING LAWS, ORDINANCES, REGULATIONS OR STATUTES OF OTHER GOVERNMENT AGENCIES.

EXECUTIVE OFFICER

A handwritten signature in black ink, reading "Dorris M. Bailey", is positioned above the typed name.

By Dorris M. Bailey/JY02
8/20/2008

FILE COPY

earthsmart

FedEx carbon-neutral
envelope shipping

top of FedEx Express® shipping label

ORIGIN ID:ENLA
WAGNER, KEVIN
STERIGENICS
2015 SPRING ROAD STE 650

SHIP DATE: 16NOV15
ACTWGT: 0.4 LB
CAD: 0442869/CAFE2912

OAK BROOK, IL 60523
UNITED STATES US

BILL SENDER

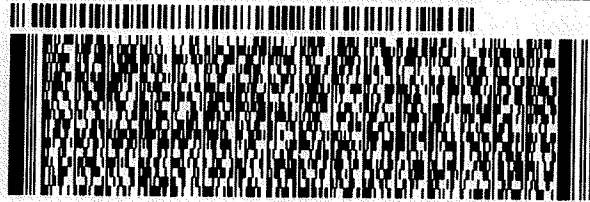
TO **JACKSON YOONG**
SCAQMD
21865 E. COPLEY DR

DIAMOND BAR CA 91765

REF: ABSORB

PO: ABSORB

DEPT: EH&S



FedEx
Express



J15131508130107

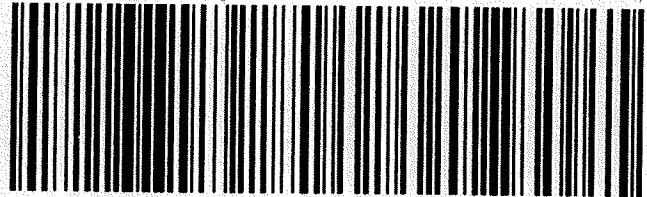
TRK# 6530 2653 6656
0201

TUE - 17 NOV 10:30A
PRIORITY OVERNIGHT

XH POCA

91765
CA-US LAX

Part # 156148-434 R1T2 11/13 *



Align bottom of peel-and-stick airbill or pouch here.

STERIGENICS · OAKBROOK, ILLINOIS

11/13/2015

Check No. 326596

00326596

SOUTH COAST AIR QUALITY

Document No.
111115-ONTARIODocument Date
11/11/15Amount
26,555.27Discount

Total:Net Amount
26,555.27
26,555.27

STERIGENICS · OAKBROOK, ILLINOIS 630.928.1700 · PLEASE DETACH CHECK AT THE PERFORATION BELOW

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